

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Shane Hapkins, SBI# 253918, Housing Unit SH4
 VIA: Counselor Jark
 FROM: I.B.C.C.
 DATE: 3/8/01
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Remain Max SH4/PC - And
Hed/HC - Deny

The I.B.C.C.'s decision is to:

☒ Approve SH4
☐ Not Approve _____
☐ Defer _____
☐ Recommend _____
☐ Not Recommend _____

BECAUSE:

| | |
|--|--|
| <input type="checkbox"/> Lack of program participation | <input type="checkbox"/> Time remaining on sentence |
| <input type="checkbox"/> Pending disciplinary action | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated | <input type="checkbox"/> Poor institutional adjustment |
| <input type="checkbox"/> Open charges | <input type="checkbox"/> Serious nature of offense |
| <input type="checkbox"/> Prior criminal history | |
| <input type="checkbox"/> Failure to follow your treatment plan in that you _____ | |

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER:

R/02 Continuous pattern of disruptive behavior

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

D00355

Received on 3-2-01
From Sonya Lewis

To: Lt. Porter
from: Shane Hopkins #253918
Location: BLDG #18 B-L #1

Sir,

I've been trying to sign off of protective custody since november.

I was recently Classified off two months ago by my Councilor Jack Stephens. But I still havnt been moved.

I'm in no danger in population and the person I did have a problem with went

D00356

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name HOPKINS, SHANE AKA NONE SBI No 253918 Date of Birth 11/1/72
 Facility P.C.C. Security/Custody Level MAX/SHW/PC Housing Area SHU
 Current Offense(s) BURG. II (DCJS)

Level V Sentence: Year(s) 16 Month: — Day(s): — Truth in Sentence? Yes X No —
 Sentence Effective Date 3-7-95 STRD 07/29/09 PE Date: NONE Parole Rehearing Date NONE
 Mandatory Sentence: Year(s) NONE Month(s) NONE Day(s) NONE Level IV Sentence? Yes X No — Length 1 YEAR
 Detainer(s)? Yes X No — Agency P.A. Open Charge(s)? Yes — No X 4204K? Yes — No A End Date of 4204K —
 4205L? Yes — No X 4214B/Habitual Offender? Yes — No X

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12/20/90 - ESCAPE - NORTH HAVEN CT; P.A.

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

NONE INDICATED

DNA sample obtained? Yes — No X (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

EXP. 3-7-95

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes — No X No. of DUI's —

Date(s) of offense(s): 1st — 2nd — 3rd — 4th —

BOP FORM 004

III. Institution Disciplinary History (summarize last 6 months - include dates, offenses, dispositions)

11-4-00 - F.T.O. AD. - 24HR HOAP
 11-8-00 - C.F.F.H. F.T.R.A. - 24HR HOAP
 12-21-00 - DIST. of PAID OVER 10.00, ABUSE of Priv., F.T.O.P., Poss. M.D. CRIM - PENDING

IV. Current Program Participation/Work Assignment (Justification for Request/Change or Recommendation must be recorded on page 3.)

NONE

V. Program Request/Change or Recommendation

MDT Recommendation:

Housing/Security Level BESICINO - MAX - SHU - P/C, RECOMMEND - MED/HIGH - Q.H.H. - #7

Employment _____

On/Off Grounds _____

Education _____

Treatment Program _____

Work Release _____

Supervised Custody _____

Halfway House Worker _____

Highway Work Project _____

Other Recommendation: _____

Furlough _____

To Visit: Name _____

Relationship _____

Address _____

Purpose of Visit _____

Has inmate had prior participation in any program recommended?

Yes _____

No _____

Number of prior approvals for any program recommended _____

Is exception to standards requested? Yes _____

No _____

(If yes, give reason for exception) _____

VI. Victim Notification Information

Offender's Release Address (if required) _____

Name of Victim(s) _____

Last Known Address of Victim _____

Signature of Counselor _____

Date _____

Signature of Counselor Supervisor _____

Date _____

MDT ReviewMTD: Recommended X

Not Recommended _____

Vote _____

Signature of MDT Chairperson _____

Date _____

IBCC ReviewIBCC: Approved XDisapproved XRecommended MED/HI

Not Recommended _____

Vote 3-0

Signature of IBCC Chairperson _____

Date 3/8/01Comments SHU Jmt**CICB Review**

CICB: Approved _____

Disapproved _____

Recommended _____

Not Recommended _____

Vote _____

Signature of CICB Chairperson _____

Date _____

Comments _____

IRCB Review

IRCB: Approved _____

Disapproved _____

Vote _____

Signature of IRCB Chairperson _____

Date _____

Comments _____

Distribution After Final Committee Review

Copy to: Classification

Institution File (original)

Special Programs Office (as required)

Form# 135
BOP Form 004

Appendix C3

Page 3

JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME

HEPKINS, SHANE

SBI#

00253968

FM Hopkins has requested to come off of P/C,
(see attached letter). The M.D. concurs and
recommends substance abuse treatment as part of his
treatment plan.

He has not been a management problem while
in P/C. Vote 2-0

Recommended review date:

1/02

D00359

Appendix E

DELAWARE CORRECTIONAL CENTER --- MEMORANDUM

TO: Inmate Shane Hopling, SBI# 253918, Housing Unit U
 VIA: Counselor Jagme
 FROM: I.B.C.C.
 DATE: 9/14/00
 RE: Classification Results

Your M.D.T. has recommended you for the following: _____

Max/PC

The I.B.C.C.'s decision is to:

☒ Approve _____
☐ Not Approve _____
☐ Defer _____
☐ Recommend _____
☐ Not Recommend _____

BECAUSE:

| | |
|--|--|
| <input type="checkbox"/> Lack of program participation | <input type="checkbox"/> Time remaining on sentence |
| <input type="checkbox"/> Pending disciplinary action | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated | <input type="checkbox"/> Poor institutional adjustment |
| <input type="checkbox"/> Open charges | <input type="checkbox"/> Serious nature of offense |
| <input type="checkbox"/> Prior criminal history | |
| <input type="checkbox"/> Failure to follow your treatment plan in that you _____ | |

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: _____

OTHER: Rw 11/00

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following: _____

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 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

000360

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA _____ SBI No 253918 Date of Birth 10-25-73
 Facility D.C.C. Security/Custody Level APD-HC Housing Area 714
 Current Offense(s) Burg. 2nd (8ets)

Level V Sentence: Year(s) 16 Month: — Day(s): — Truth in Sentence? Yes ☒ No ☐
 Sentence Effective Date 3.7.95 STRD: 7.29.09 PE Date: 715 Parole Rehearing Date _____
 Mandatory Sentence: Year(s) — Month(s) — Day(s) — Level IV Sentence? Yes ☒ No ☐ Length 1 yr HH
 Detainer(s)? Yes ☒ Agency P.A. Open Charge(s)? Yes ☐ No ☒ 4204K? Yes ☐ No ☒ End Date of 4204K _____
 4205L? Yes ☐ No ☒ 4214B/Habitual Offender? Yes ☐ No ☒

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12-20-90 • Escape North Hampton Co. Pa committed to DDC at
Weaverille

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

None indicated

DNA sample obtained? Yes ☐ No ☒ (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

EFF. 3.7.95 Burg. 2nd (8ets)

None Extensive History of burglaries

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes ☐ No ☒ No. of DUI's _____

Date(s) of offense(s): 1st — 2nd — 3rd — 4th —

JUSTIFICATION FOR REQUEST/CHANGE OR RECOMMENDATION

INMATE NAME

Hopkins, Shane

SBI#

253918

IM Shane Hopkins is recommended for continue
med. HC / Protective custody MSU housing. The
MDT vote is 2-0 in favor.

Reason

Need for current housing on protective
custody/MSU.

"Please see the attached paper work
concerning his placement on Protective Custody."

appears to have put himself in this
current situation.

MDT Feels comfortable with the
recommendation to Protective Custody.

Note

IDCC 7.13.00

App. C/BC

Not App. cont. med. HC - 90 da. review of inst. behavior

Recommended review date:

11/00

D00362

Appendix E

DELAWARE CORRECTIONAL CENTER — MEMORANDUM

TO: Inmate Shane Hopkins, SBI# 253918, Housing Unit D/W
 VIA: Counselor Mell
 FROM: I.B.C.C.
 DATE: 7/13/00
 RE: Classification Results

Your M.D.T. has recommended you for the following:

Continued H/c - 90 day review Institutional Worker

The I.B.C.C.'s decision is to:

☒ Approve C/BE
☒ Not Approve Med H/c D Bldg
☐ Defer
☐ Recommend
☐ Not Recommend

BECAUSE:

| | |
|--|---|
| <input type="checkbox"/> Lack of program participation | <input type="checkbox"/> Time remaining on sentence |
| <input checked="" type="checkbox"/> Pending disciplinary action | <input type="checkbox"/> Prior failure under supervision |
| <input type="checkbox"/> Gradual phasing indicated | <input checked="" type="checkbox"/> Poor institutional adjustment |
| <input type="checkbox"/> Open charges | <input type="checkbox"/> Serious nature of offense |
| <input type="checkbox"/> Prior criminal history | |
| <input type="checkbox"/> Failure to follow your treatment plan in that you | |

☐ You present a current and continuous danger to the safety of staff, other inmates, or the good order of the Institution. Explanation: continued behavior problem

No more with ups

OTHER: Re 9/00

ADDITIONAL COMMENTS:

☐ Develop/continue treatment plan with counselor

You will be expected to address the following:

Copy to: Classification
 Inmate
 Institution File

Form #456 (3 Part NCR)
 Revised 11/97

D00363

BUREAU OF PRISONS RECLASSIFICATION FORM #004**I. Vital Indicators/Sentencing Information**

Inmate Name Hopkins, Shane AKA _____ SBI No 253918 Date of Birth 10-5-71
 Facility P.C.C. Security/Custody Level MCHC Housing Area 716
 Current Offense(s) Burg, 2nd (8ets)

Level V Sentence: Year(s): 16 Month: _____ Day(s): _____ Truth in Sentence? Yes ☒ No _____

Sentence Effective Date 3.7.95 STRD: 7.29.09 PE Date: TLS Parole Rehearing Date _____

Mandatory Sentence: Year(s) _____ Month(s) _____ Day(s) _____ Level IV Sentence? Yes ☒ Length 12 mos.
 No _____ Halfway Hou.

Detainer(s)? Yes ☒ Agency P.A., N.J. Open Charge(s)? Yes _____ 4204K? Yes _____ End Date of 4204K _____
 No _____ No ☒ No ☒

4205L? Yes _____ 4214B/Habitual Offender? Yes _____
 No ☒ No ☒

II. Prior Criminal History

Escape History (List date, charge for which convicted, and location from which escape occurred):

12.20.90 • Escape North Hampton Co. Pa committed to DDC at
Weaverville

Sex Offenses (List date, charges, and ages of victim(s) for all sex offenses):

none indicated

DNA sample obtained? Yes _____ No ☒ (If no, contact Institutional Investigator)

List the most serious offenses in the past 10 years (not previously listed in Escape History or Sex Offenses).

EFF 3.7.95 Burg. 2nd (8ets)

None Extensive History of burglaries

DUI Information (Complete if inmate is serving a sentence for DUI)

Has information been verified via Motor Vehicle Records? Yes _____ No ☒ No. of DUI's _____

Date(s) of offense(s): 1st _____ 2nd _____ 3rd _____ 4th _____